

Ending the Epidemic Task Force Recommendation Form

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Collector: Web Link (Web Link)

Started: Thursday, October 30, 2014 2:16:59 PM

Last Modified: Thursday, October 30, 2014 2:24:13 PM

Time Spent: 00:07:14

IP Address: 70.208.85.9

PAGE 1

Q2: Title of your recommendation

Expanded HIV Quality Metrics

Ending the Epidemic Task Force Recommendation Form

Q3: Please provide a description of your proposed recommendation

Propose to develop new HIV quality metrics within NYS Medicaid Managed Care (with future spread envisioned to NYS of Health): HIV testing metric; in treatment (Raves) metric; % undetectable metric; harmonize metrics for all state, as described below. These expanded HIV Quality Measures should be demonstrated and tested in Medicaid managed care and then spread to all State-Regulated Health Insurers, including private insurance, corrections, and other non-covered jurisdictions. Both health plans and providers should be rewarded and recognized for exceeding quality performance requirements. NYS Medicaid Program support for managed care health plans can lead to evidence based improvement in overall population wellness, resulting in a decrease in overall health care costs.

In order to accelerate efforts to end AIDS, the QARR and HIV QUAL performance indicators need to be expanded in order to track and trend health plan efforts:

1. A standard panel of preventive screenings, such as HIV testing, in the annual comprehensive Primary Care Provider (PCP) visit.

o Description- Percentage of members tested annually (numerator) divided by all members continuously enrolled during the measurement year (no more than a 45 day gap).

Proposed Specification:

$\% \text{ Unique Members Completing an HIV Antibody Screen} \div \text{Total Membership Not Diagnosed with HIV/AIDS} = \text{HIV Testing}$

2. Viral load (VL) testing every 6 months for positive individuals.

o Description- Percentage of confirmed HIV positive members who had a VL test conducted in the first six months and last six months of the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap).

Proposed Specification:

$\% \text{ Unique HIV+Members Completing 2 Viral Load Tests} \div \text{Total Membership Diagnosed with HIV/AIDS} = \text{VL Monitoring}$

3. Viral load (VL) suppression.

o Description- Percentage of confirmed HIV positive members who had at least 1 undetectable Viral load result in the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap) who had at least 3 consecutive months of ARV prescriptions.

Proposed Specification:

$\% \text{ Unique HIV+Members Having at Least 1 Undetectable Viral Load Result} \div \text{Total Membership Diagnosed with HIV/AIDS and having 3 consecutive months of ARV prescriptions} = \text{VL Supression}$

4. Medication Possession Ratio (MPR) annualized.

o Description- Percentage of all confirmed HIV positive members who are dispensed ARV Treatment every 30 days with no more than a 45 day gap in the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap).

Proposed Specification:

$\% \text{ Unique HIV+Members Dispensed ARV Treatment} \div \text{Total Membership Diagnosed with HIV/AIDS} = \text{Medication Possession}$

Ending the Epidemic Task Force Recommendation Form

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Identifying persons with HIV who remain undiagnosed and linking them to health care

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Change to existing policy

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Respondent skipped this question

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

The perceived benefits are possessing specific data that acts as a snapshot of the current state of overall HIV testing and treatment practices throughout the state. This data will provide DOH with a detailed understanding of which MCOs and provider networks are most successful in providing routine HIV testing, risk reduction therapies like PrEP, linking HIV-positive individuals to treatment, maintaining viral load suppression in individuals already linked to care. Overall this data can serve as a benchmark of the state's overall progress in achieving its End of AIDS goals.

Ending the Epidemic Task Force Recommendation Form

Q10: Are there any concerns with implementing this recommendation that should be considered?

Respondent skipped this question

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Respondent skipped this question

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Respondent skipped this question

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

Respondent skipped this question

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Respondent skipped this question

Q15: This recommendation was submitted by one of the following

Other (please specify)
Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York